

**ALABAMA DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION**  
**Perspectives on Suicide Prevention: What School Counselors Need to Know**  
**Tuesday, February 20, 2007**  
**1:00 p.m. to 3:00 p.m. Central Time**

**CONTINUING EDUCATION PROGRAM REVIEW QUESTIONS**

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For Continuing Education credits, please complete the information below and mail along with your evaluation form. Both forms must be completed and forwarded to this office in order to receive your Continuing Education certificate. Mail forms to:

**Alabama Department of Mental Health  
and Mental Retardation**  
**ATTENTION: Office of Staff Development**  
**RSA Union Building**  
**100 N. Union Street**  
**Montgomery, AL 36130**

**Type of Continuing Education Credit  
Requested**

- Counseling
- Social Work
- Nursing License No. \_\_\_\_\_
- Psychology
- Drug/Alcohol Counseling
- Attendance Only

**Non-Alabama Participants must complete  
this form and include a check or money order  
in the amount of \$20.00 payable to:  
*Alabama Department of Mental Health and  
Mental Retardation***

**There were six (6) major issues presented during this web broadcast. Please identify two (2) major points you learned for each issue presented specific to your area of discipline.**

**“Overview of Suicide in America”**

1. \_\_\_\_\_
2. \_\_\_\_\_

**“Surgeon General’s 2001 National Strategy for Suicide Prevention”**

1. \_\_\_\_\_
2. \_\_\_\_\_

**“Social Policy’s Impact on the Training and practice of School Counselors”**

1. \_\_\_\_\_
2. \_\_\_\_\_

**“Program Options for Reducing Suicide Attempts and Completions in School Settings”**

1. \_\_\_\_\_

2. \_\_\_\_\_

**“Implications for Training and Practice in the Assessment and Referral of At-Risk Youth”**

1. \_\_\_\_\_

2. \_\_\_\_\_

**“Overview of QPR Theory and a Systems Approach to Creating Safer Schools for At-Risk Youth”**

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
NAME (type or print)

\_\_\_\_\_  
NAME OF ORGANIZATION

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
FAX:

SIGNATURE: \_\_\_\_\_

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